

NWS CHANGE FORM PART A			1. DATE SUBMITTED 9 March 2000	
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).				
2. ORIGINATOR OFFICE PRC		3. SUBMITTING AUTHORITY Name: Ward Seguin Routing Code: W/APO1		4. COGNIZANT TECHNICAL INDIVIDUAL Name: Mike Buchness Routing Code: PRC Phone: (703) 556-2306
				5. ORIGINATOR TRACKING NUMBER P42N_PRC_A100041
6. SYSTEMS AFFECTED BY CHANGE DATA PRODUCTS (Complete Data Products Supplement) <input type="checkbox"/> ASOS X <input checked="" type="checkbox"/> WIPS CRS <input type="checkbox"/> NEXRAD <input type="checkbox"/> OTHER (specify) _____				7. WSH TRACKING NUMBER NWS 562 10 March 2000
8. TITLE OF CHANGE Turn off NCF Archive until MHS Upgrade in March 2000				
9. TYPE OF CHANGE <input type="checkbox"/> HARDWARE X <input checked="" type="checkbox"/> SOFTWARE DOCUMENTATION ONLY			10. SITES AFFECTED (Attach Part B, Page 2, if needed) NCF only.	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.) With the additional radar products being transmitted in Clear Air Mode, the performance of DS1-ancf is subject to severe degradation because of the NCF Archive and the MHS software both running on it. This RC is to temporarily turn off the NCF archive function until the MHS upgrade later in the month. [No DR involved. Reference RC APO11 for related information.]				
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) Change environment variable on ds3/ds4 to disable archive storage.				
13. ALTERNATE SOLUTIONS None				
14. REQUIRED CHANGE DATE 8 March 00		15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.) See item 11.		
CCB/PMC/CMB DECISION				
16. DECISION AUTHORITY LEVEL		<input type="checkbox"/> CCB LEVEL ONLY		<input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED
17. CCB LEVEL DECISION		<input type="checkbox"/> APPROVED		SIGNATURE
		<input type="checkbox"/> RECOMMEND APPROVAL		DATE SIGNED
		<input type="checkbox"/> DISAPPROVED		
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED				
18. PMC OR NWS CMB DECISION		<input type="checkbox"/> APPROVED		SIGNATURE
		<input type="checkbox"/> DISAPPROVED		DATE SIGNED

NWS CHANGE FORM PART B		1. ORIGINATOR TRACKING NUMBER P43N_PRC_A100041	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		2. WSH TRACKING NUMBER NWS 562	
FUNDING INFORMATION			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		3. SOURCE OF FUNDING	4. TOTAL COST \$
5. DEVELOPMENT COSTS (Estimate development costs) No additional costs. See Item 9.			AMOUNT
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) N/A			AMOUNT
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) N/A			AMOUNT
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) N/A			AMOUNT
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) PRC, HP (Cost included in CLIN 018, CLIN 101, and CLIN 103)			AMOUNT
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) NCF			AMOUNT
SUPPORTING INFORMATION AND SCHEDULES Provide detailed information needed to implement the requested change.			
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E) N/A		11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) N/A	
12. IMPLEMENTATION/RETROFIT SCHEDULE N/A		13. FACILITY INFORMATION (Attach facility drawings/plans.) N/A	
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.) N/A		15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED N/A	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) N/A		17. COORDINATION OF CHANGE WITH OTHER CHANGES N/A	
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.) N/A		19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.) N/A	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.) N/A		21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.) N/A	
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) N/A			

[illegible]**Part B - Page 2 (Physical Item and Document Impact Matrix Supplement)**

<div>NWS CHANGE FORM</div> <div>PART C</div>		<div>1. ORIGINATOR TRACKING NUMBER</div> <div>P43N_PRC_A100041</div>	
<div>WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.</div>		<div>2. WSH TRACKING NUMBER</div> <div>NWS 562</div>	
<div>3. CCB COST EVALUATION</div> <div>NWS COST \$ FAA COST \$ DOD COST \$ OTHER AGENCY COST \$ TOTAL COST \$</div> <div>(SPECIFY)_____</div>			
<div>4. IMPLEMENTATION DOCUMENTS REQUIRED</div> <div><input type="checkbox"/> Engineering Modification Note <input type="checkbox"/> Software Release Notes Other Document <input type="checkbox"/> (Specify)_____</div>			
<div>ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.</div>			
<div>5. IMPLEMENTATION ACTIVITY REQUIRED</div>	<div>6. REQUIRED COMPLETION DATE</div>	<div>7. RESPONSIBLE PERSON AND OFFICE</div>	<div>8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION</div>
<div>A. NCF install the change</div>	<div>8 March 00</div>	<div>Thigpen/SST, W/APO3</div>	<div>N/A</div>
<div>C. Ensure the appropriate WSH management information systems and configuration management data bases are updated to reflect these changes</div>	<div>20 March 00</div>	<div>Michelle deTommaso W/OSO113</div>	
<div>D. Enable (turn on) the archive function after the MHS Upgrade and inform AWCCB.</div>	<div>TBD</div>	<div>Thigpen/SST, W/APO3</div>	
<div>E. Ensure the appropriate WSH management information systems and configuration management data bases are updated to reflect these changes</div>	<div>TBD</div>	<div>Michelle deTommaso W/OSO113</div>	